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CONFIRMATION NO. 7456

<b>SERIAL NUMBER</b> 10/717,402	<b>FILING OR 371(c) DATE</b> 11/19/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> ACM 356	
<b>APPLICANTS</b> Randall J. Huebner, Beaverton, OR; <b>** CONTINUING DATA *****</b> <i>OK. AR 8/6/06</i> This appln claims benefit of 60/427,908 11/19/2002 and claims benefit of 60/512,136 10/17/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>None. AR 8/6/06</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/17/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> <del>18</del>	<b>INDEPENDENT CLAIMS</b> <del>3</del>
<b>ADDRESS</b> 23581					
<b>TITLE</b> Deformable bone plates					
<b>FILING FEE RECEIVED</b> 1158	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		